

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	2800	11-2-54
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

# INDEX OF CLAIMS

Claim	Final	Original	Date
1		6	
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Claim	Final	Original	Date
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SYMBOLS  
 ✓ ..... Rejected  
 - ..... Allowed  
 (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected